



**Gaming Control Board
Cannon Bldg., Suite 203
861 Silver Lake Blvd.
Dover, DE 19904**

ORIGINAL APPLICATION FOR DELAWARE BINGO LICENSE

1. Name of Applicant: _____
2. Organization's mailing address: _____

3. Telephone Number: _____
4. Is the applicant a volunteer fire company, veterans, charitable or religious organization, or fraternal society? _____ YES _____ NO. If the answer is YES, please check the appropriate category:

____ Volunteer Fire Company ____ Veterans organization ____ Religious organization
____ Charitable organization ____ Fraternal society

(Please note that under the Delaware Constitution and Delaware law, the Board can only license volunteer fire companies, veterans, charitable or religious organizations, or fraternal societies).

5. How long has the organization been in existence(Delaware Constitution requires existence for at least 2 years)?

6. Purpose of Event:

7. Please provide a copy of a letter of tax exemption from the Internal Revenue Service under Section 170 or Section 501 (a) or 501 (c)(3) indicating that your organization is a charitable organization as defined by the IRS. **NOTE: If you are relying on the exemption of a parent organization, you must submit a letter from your parent organization specifically stating that your organization is properly affiliated and permitted to hold this event.**

If you do not have a letter from the Internal Revenue Service verifying your status as a tax-exempt organization, contact the IRS at the address listed below or provide the Board with a copy of your organizations bylaws or articles of corporation.

IRS Service Center
11601 Roosevelt Blvd.
Philadelphia, PA 19154
(877) 829-5500

8. Officers of Organization making application:

NAME

ADDRESS

9. When and where will the games be played?

DATE

TIME (beginning & ending)
(Not to exceed six hours)

PLACE

10. Cost of admission: _____

11. Bingo equipment to be leased (if any):

DESCRIPTION

LEASING COST

12. What prizes will be awarded?

DESCRIPTION

RETAIL VALUE

13. Specific purposes to which proceeds of games are to be devoted:

14. Name and address of member(s) in charge of games:

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement of Applicant and member(s) in charge:

The undersigned do hereby state under oath that all statements in the foregoing application are true and correct; that the undersigned member or members in charge of games are all of good moral character and have not been convicted of a crime involving moral turpitude; that if a license is granted hereunder, the undersigned member or members in charge will be responsible for the conduct of the games in accordance with the provisions of the law of this State and the rules and regulations of this Commission, and the provisions of the license issued governing the conduct of such games.

	_____ Signature of officer and title
SWORN to and subscribed before me, this _____ day of _____, A.D. 20 ____.	_____ Member in Charge
_____	_____ Member in Charge
Notary of Public in the State of _____	_____ Member in Charge

(SEAL OF NOTARY)

For Board office use only: License Number: _____ District: _____ (Wilmington, New Castle, Kent or Sussex)
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IMPORTANT NOTICE: Check or Money Order Payable to the State of Delaware for \$15.00 for each bingo event requested must accompany this application.